

Resale Certificate Application

La. R.S. 47:301(10)

Mail or fax completed application to:

Louisiana Department of Revenue Taxpayer Services Division Sales Tax Section P.O. Box 66362

Baton Rouge, LA 70896 Phone: (225) 219-7356 • Fax: (225) 219-2065

	1 Horie. (223) 219-7330	7 - Tax. (223) 213-2	-000			
Please complete an application for each business location.					PLEASE PRINT OR TYPE.	
Legal Name				Louisiana	Louisiana Sales Tax Account Number	
Trade Name						
Mailing Address						
City		State	ZIP	Telephone	Telephone	
Location Address						
City				State	ZIP	
U.S. NAICS Code	U.S. NAICS Code Description			I		
Briefly describe busines						
Description of items to b	e purchased for resale:					
		Authorizati	on			
I affirm that the inform	nation given on this application is	s true and correct.				
Authorized Representati	ve	Title	•			
Signature Date (mm/dd/yyyy)						